



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

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Director

INFORMATIONAL LETTER NO.1887-MC-FFS

DATE: February 8, 2018

TO: Iowa Medicaid Hospitals, Federally Qualified Health Centers, Rural Health Clinics, Screening Centers, Family Planning Clinics, Maternal Health Centers, Clinics, Indian Health Service and Pharmacies

APPLIES TO: Managed Care, Fee-for-Service

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Attestation and Election Form for Drug Purchasers

EFFECTIVE: Immediately

The [Attestation and Election](#)¹ form for drug purchasers under the 340B, Federal Supply Schedule (FSS), and Nominal Price (NP) programs is found on the DHS [Forms](#)² web page.

- **340B covered entities**, as defined in Section 340B of the Public Health Service Act, are required to notify the IME each year of their participation in the 340B program. Additionally, covered entities electing to opt-in are also required to enroll and re-certify annually on the Health Resources and Services Administration (HRSA) website.
- Entities purchasing at **NP** or through the **FSS** under the General Services Administration are required to attest to IME as indicated in [Informational Letter No. 1770-FFS](#)³.

All providers meeting the requirements above and purchasing drugs through the 340B, FSS, or NP programs must review and complete this [form](#). The provider should not charge Medicaid more than their 340B, FSS, or NP Actual Acquisition Cost (AAC) for these drugs.

Please return the completed Attestation and Election Form by email or fax to:

IME Provider Cost Audit and Rate Setting Unit
Email: costaudit@dhs.state.ia.us
Fax: (515) 725-1353
Due Date: **April 16, 2018**

If you have any questions regarding this process, please contact the IME Provider Cost Audit and Rate Setting Unit at (866) 863-8610, locally in Des Moines at (515) 256-4610, or by email at costaudit@dhs.state.ia.us.

¹ <https://dhs.iowa.gov/sites/default/files/470-5512.pdf>

² <http://dhs.iowa.gov/ime/providers/forms>

³ https://dhs.iowa.gov/sites/default/files/1770-FFS_IowaMedicaidPharmacyReimbursementRules.pdf